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CONFIRMATION NO. 7502

SERIAL NUMBER 09/464,414	FILING OR 371(c) DATE 12/16/1999 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. RPP:156CUS
APPLICANTS YASMIN THANAVALA, WILLIAMSVILLE, NY;				
** CONTINUING DATA ***** This application is a CIP of 09/418,177 10/13/1999 ABN and is a CIP of 09/420,695 10/19/1999 PAT 7,527,810				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/04/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 19
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
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TITLE ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING A NON-ENTERIC PATHOGEN ANTIGEN				
FILING FEE RECEIVED 745	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	